Vermont Futures Strategic Implementation Plan: Sustaining and Enhancing a Comprehensive Continuum of Care

February 05 - July 09 11-May-05

Based on the Designated Agency Sustainability Study, the Corrections Plan for Comprehensive Mental Health Serivces, Vermont State Hospital Futures Plan: Report to Secretary Smith and Secretary Smith's Recommendations for the Future of Services Provided at Vermont State Hospital to the Legislature, and the Health Resources Alllocation Plan (H-RAF

Transforming The Acute Care System	
Program / Capacity	Major Milestones
Sub-Acute Rehabilitation Capacity	Identify potential facility location(s): April-2005
Program start-up: 1/06	Engage Designated Agency providers / local stakeholders / local standing committees and local Boards of Directors to create local capacity: June-July 2005
FY 06 Appropriation request: \$763,400 g.f.; \$1,857,421 ttl (1/2 year of operation)	Refine clinical characteristics / program attributes: August-September 2005
	Renovate facilities: Fall 2005 Recruit and train staff Begin to transition patients from VSH to Rehab program: December 2005
FY 07 Funding need estimate annualization of full year operating costs net of VSH Expenses plus inflationary factor \$1,640,993 g.f.; \$3,900,584 ttl	
Secure Residential Treatment Capacity Program start-up: 1/06	Major Milestones
	Engage Designated Agency providers / local stakeholders / local standing committees and local Boards of Directors to create local capacity - June- July 2005 Identify potential facility location(s) April-May 2005 Refine clinical characteristics / program attributes Renovate Facility(s): Fall 2005 Recruit and train staff
FY 07 Funding need estimate annualization of full year operating costs net of VSH expenses, plus inflationary factor \$519,731 g.f.; \$1,235,386 ttl	Begin to transition patients from VSH to Rehab program: December 2005
New Inpatient Capacity (32 Beds)	Major Milestones
Phase 1 July 05-June 06	Phase I: Planning and Site Selection
FY 06 Appropriation request: \$725,000	Engage Designated Hospitals / State-wide committees to plan new facility use, location and model of care Identify Inpatient Partner and Facility Location Refine clinical characteristics / program attributes Identify land to purchase if stand alone construction for inpatient services Public process to purchase land for hospital construction or stand alone construction (select board, community meetings, pre planning and zoning meetings Begin facility planning process including Preliminary Architectural and Engineering studies, Permitting Submit BISHCA CON Letter of Intent
Phase II: July 06-June 07	Phase II: Architectural Design and CON Process
Thus it say of dution	BISHCA Asserts Written Letter of Jurisdiction Construction Drawings
	Begin local permitting process
	Begin Act 250 Process upon completion of local permits (allow 6-9 months)
	Select contractor determine building process
	Submit full application to BISHCA for CON (site and architectural plans schematic label; basic electrical and mechanical engineering details - sufficient for BISHCA Submission to & review of additional information by BISHCA
	BISHCA Rules "Application Complete" and issues public notice for competing applications, interested party status or Amicus Curiae
FY 08 Funding need estimate for capital consturction \$11,000,000	Public oversight commission hearing date scheduled Commissioner BISHCA makes final determination of CON

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Transforming The Acute Care System: Continued Phase III: Construction Phase III: July 07 - June 09 Ground Breaking Construction Phase IV: Implementation Phase IV: July 09 -Dec 09 FY 09 Funding need estimate to be developed Staff Training and Recruitment Clinical and Program Characteristics refined and promulgated Certification and Licensing Inpatient program opens 10 Crisis Stabilization Beds Major Milestones Program Start-up: July 2006 FY 06 Appropriation \$0 FY 07 Funding need estimate \$493,200 g.f.; \$1,200,000 ttl Clarify role of these beds with Emergency Services Directors and local stakeholders: Assess geographic needs: to distribute beds Solicit program development opportunities: Implement Programs **Care Management** Major Milestones Program Start-up July 2006 FY 06 Appropriation \$0 FY 07 Funding need estimate \$172,500 g.f.; \$300,000 ttl Establish clinical and administrative work groups with VT Council, VAHHS, VDH Develop screening, triage, disposition protocols in collaboration with stakeholders Define IT System support needs: Design management approach and staffing plan Pilot protocols: Revise protocols based on pilot: Design IT system Implement: Sustaining the Operations at VSH Program / Capacity Major Milestones Stabilize and Improve Current VSH Operations March 05 - June 06 FY 06 Funding need estimate \$15,880,428 g.f.; \$16,001,347 tt Detail realistic Staffing Pattern Implement staffing pattern Develop and Implement Staff Recruitment and Retention Package Facility Improvements (FY 05 appropriation) Continue Improvements to Clinical and Quality Systems Enhance FAHC Contract for Psychiatric and Quality Systems Leadership FY 07 Funding need estimate \$10,876,656 g.f.; \$11,523,004 tt **Enhancing Community Infrastructure** Peer Services Major Milestones Program Start Up July 2006 FY 07 Funding need estimate \$200,000 g.f.; \$200,000 ttl Identify role or target of peer programs by working with stakeholders: June-2005 Identify types of programs needed considering geographic need Solicit proposals from peer / professional organizations Implement Recovery Housing Major Milestones Program Start Up July 2006 Identify program approach for supported housing by working with stakeholders FY 07 Funding need estimate \$400,000 g.f.; \$400,000 ttl Match programs to geographic regions: June-2005 Determine viability of HUD or other additional funding: December 2005 Identify Sites, renovation and/or acquisition costs Nest Steps based on decisions above **Adult Outpatient Service** Major Milestones Identify program approach by working with stakeholders Program Start Up July 2006 FY 07 Funding need estimate \$875,000 g.f.; \$1,200,000 ttl Identify priority populations Refine program characteristics based on priorities Match programs to geographic regions Recruit staffing Offender Outpatient Services Major Milestones Identify program approach by working with Department of Corrections and stakeholders Program Start Up July 2006 FY 07 Funding need estimate \$437,000 g.f.; \$600,000 ttl Identify priority populations (diversion? / incarcerated parents?) Refine program characteristics based on priorities Match programs to geographic regions

Recruit staffing

Beth Tanzman:

This staffing pattern may require augmentation

Enhancing Community Infrastructure: Continued

Expansion of Co-Occurring Disorders Project

Program Start up July 2006

FY 07 Funding need estimate \$210,000 g.f.; \$600,000 ttl

Transportation (Voluntary and Involuntary Transportation)

Program Start up July 2006

FY 07 Funding need estimate \$250,000 g.f.; \$250,000 ttl

Major Milestones

Program developed in partnership with ADAP, Dept of Corrections, VDH: Complete Geographic Assessment: Proposed location in Barre and Rutland Recruit and Train Staff

Major Milestones

Develop safety guidelines in collaboration with stakeholders: Implement model including education in collaboration with stakeholders: Evaluate efficacy, revise as needed:

In collaboration with VT Police Academy, start training program for local law enforcement Agency of Human Services develops contract with Sheriffs: Write regulation to authorize ambulance transport:

Major Milestones:

Identify potential changes by working with stakeholders and Legal Aid: Fall 2005 Quantify impact of potential changes to legal system Create and implement plan for change by working with stakeholders

Ancillary Legal Services

Start-Up when legislative changes approved FY 08 Funding need estimate to be developed

Public Health Prevention Initiatives

Program start up July 2006 FY 07 Appropriation Request \$200,000 g.f.; \$200,000 ttl

Major Milestones:

Work with stakeholders to identify prevention priorities consisitent with the New Freedom Commission Depression Collaborative: identify expansion potential

Sustaining Community Infrastructure

Designated Agency Sustainability

3 Year Global Commitment July 05 - June 08 (7.5% of State-Funded Mental Health GF)

Major Milestones:

FY 06 Appropriation Request \$2,100,000 g.f.; \$4,900,000 ttl Develop Allocation Agreement Between Cost of Living Adjustment and Service Growth Requirements (VDH and the VT Council of DS/MH providers)

Identify Medicaid Maximization Opportunities / Risks

Target Resources to Adult Outpatient, Emergency, and Substance Abuse Programs Establish FY 06 Allocations and Performance Contracts Start DA Designation Cycle

Assist in Design of Cost Containment for Medicaid Pharmacy Plan

Begin System Improvement Process to:

Develop Comparable Financial and Performance Data Across DA Providers

Identify Redundancy in Data Collection Proceedures

Focus Data Collection on Most Impactful Measures of System Performance and Client Outcomes

Establish, with Stakeholders, Clear Performance Expectations

Design Consistent "therapeutic thresholds" and individual case plans:

Vermonters with comparable needs will receive comparable services regardless of DA provider Develop Case Mix Factors for DA Budget Allocation

Apply Case Mix Concepts to Annual Performance Contracts

FY 07 Funding need estimate to be developed

FY 08 Funding need estimate to be developed

Augmented Mental Health Services to Incarcerated Vermonters

Major Milestones:

DOC Appropriation Request

Assit DOC in Development of RFP for MH/SA Services

VDH Design Quality Oversight for Health, Mental Health, and Substance Abuse Treatment Services for incarcerated individuals

Develop MOU Between VDH and DOC for Development and Oversight of Quality Clinical Systems
VDH participate in contract development and selection for MH/SA Services
Implement Quality Management System
Set Quality Targets
Measure Progress Towards Targets

Legislative Actions

Review, Develop Recommendations in Response to Secretary Smith's 2/05 Recommendations

2005 Legislative Session

Forensic Evaluation Bill
Start Up FY 2005 or 2006
FY 07 Appropriation Request: \$0

Major Milestones

MH Oversight Committee Revise / Endorse Recommendations Forward to appropriate Committees for Appropriation and Oversight

Major Milestones

Develop legislation to amend forensic evaluation statutes in collaboration with stakeholders Introduce to Legislature

Develop clinical, legal, and administrative protocols to implement new legislation Link admission protocols with developing care management system

Stakeholder Participation in Program Development

Review plans, program approaches, solicit feedback; incorporate feedback; revise plans

Major Milestones

Adult MH Statewide Program Standing Committee - monthly
VSH Futures Advisory Committee - quarterly
CRT Directors - monthly
Emergency Service Directors - monthly
Hospital and Community Psychiatrists - monthly
Local MH Program Standing Committees - ongoing
Vermont Association of Hospitals and Health Care Systems - monthly
NAMI VT Board - as requested
VPS Board - as requested